

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

Instructions for Service of Process by U.S. Marshal

RECEIVED

FEB 23 2018

PLAINTIFF
USA

COURT CASE NUMBER
5:15-MJ-1270-KS

DEFENDANT

CHRISTINA N. DIXON

TYPE OF PROCESS

Order to Show Cause

U.S. Marshals Service, EDNC

SERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

CHRISTINA N. DIXON

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

4105 SARATOGA COURT, ABERDEEN, NC 28315-3674

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

U.S. DISTRICT COURT
310 NEW BERN AVE.
RALEIGH, NC 27601

Number of process to be
served with this Form 285

1

Number of parties to be
served in this case

1

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

919-645-1700

DATE

2/21/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

1

District of
Origin

No. 56

District to
Serve

No. 56

Signature of Authorized USMS Deputy or Clerk

Careal Smith

Date

2-23-18

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

2-26-18

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Careal Smith

Service Fee

800

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

800

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

800 \$0.00

REMARKS:

223-18
CERTIFIED MAIL 1017 2400 0000 0969 5305
2-26-18 SEE PS FORM 3811 OR USPS TRACKING

FILED

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment
5. ACKNOWLEDGMENT OF RECEIPT

MAR 07 2018

PRIOR EDITIONS MAY BE USED

PETER A. MCORE, JR., CLERK
U.S. DISTRICT COURT, EDNC

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Form USM-285
Rev. 11/13

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Christina N. Dixon 4105 Saratoga Court Aberdeen, NC 28315-3674</p>		<p>B. Received by (Printed Name) Christine Dixon</p> <p>C. Date of Delivery 2/26/18</p>	
<p>2. Article Number (Transfer from service label) 7017 2400 0000 0969 5305</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

USPS TRACKING# 1E



First-Class Mail
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USPS
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9590 9402 3417 7227 1642 75

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

United States Marshals Service
310 New Bern Avenue, Suite 100
Raleigh, North Carolina 27601

